

**Arizona Department of Health Services  
Division of Behavioral Health Services**

**Cultural Competency Plan Review**

# **Cultural Competency Plan Review**

## **Executive Summary**

This annual report summarizes Arizona Department of Health Services 2003 Statewide Cultural Competency Plan and describes the activities undertaken from July 1, 2003 – June 30, 2004. The Department has been working to integrate and promote culturally competent services into the behavioral health system across the state. In light of Arizona's rapidly changing demographics, the delivery of behavioral health services by competent providers to cultural and linguistic racial and ethnic minority populations has become an essential priority. Representatives from the Department in conjunction with the five Regional Behavioral Health Authorities and their subcontracted providers have established a Cultural Competency Advisory Committee, which meets monthly to strategize and discuss implementation initiatives. Three Subcommittees (Training, Data and Translation/Interpretation) were also developed and meet monthly to focus on specific issues. These subcommittees are chaired by ADHS staff and focus on goals and activities delineated in ADHS' Cultural Competency Plan.

The Department also conducted a review of demographic data and analyzed Title XIX/XXI and Non-Title XIX behavioral health enrollment compared to the 2000 Arizona Census. Results from this comparison are included in this Cultural Competency Review. Also attached in this report is the Department's 2005 Cultural Competency Plan, which has been updated to reflect future implementation goals and objectives.

# **Department of Health Services Division of Behavioral Health Services**

## **Cultural Competency Plan Review**

This annual report summarizes Arizona Department of Health Services 2003 Statewide Cultural Competency Plan and describes the activities undertaken from July 1, 2003 – June 30, 2004. The Department has been working to integrate and promote culturally competent services into the behavioral health system across the state. In light of Arizona's rapidly changing demographics, the delivery of behavioral health services by competent providers to cultural and linguistic racial and ethnic minority populations has become an essential priority. Representatives from the Department in conjunction with the five Regional Behavioral Health Authorities and their subcontracted providers have established a Cultural Competency Advisory Committee, which meets monthly to strategize and discuss implementation initiatives. Three Subcommittees (Training, Data and Translation/Interpretation) were also developed and meet monthly to focus on specific issues. These subcommittees are chaired by ADHS staff and focus on goals and activities delineated in ADHS' Cultural Competency Plan.

The Department has completed the first year of implementation of its 2004 Cultural Competency Plan. The following is a summary of the major activities and lessons learned during implementation and the next steps the Department intends to take to improve the plan.

### **Activity 1.1:**

*Identify group members representing ADHS and RBHAs, by October 10, 2003*

### **Action Steps:**

ADHS members have been selected. During the implementation of the plan, it was recognized that more representation from the RBHAs was necessary to support the implementation of the plan. ADHS contacted all RBHAs to solicit additional representation from the areas of data management; quality assurance; training and policy areas to attend the Cultural Competency Advisory Committee and the Training, Data and Translation/Interpretation Subcommittee meetings. See attachment #1 for the list of Advisory Committee and Subcommittee members.

### **Finding:**

During implementation, it was determined that there is a need to further strengthen the overall membership composition to include family members, persons who are deaf and hard of hearing and behavioral health recipients.

### **Next Steps and Lessons Learned:**

ADHS recognizes the importance of including behavioral health consumers and family members in the planning process. The Department will focus on including family members, persons who are deaf and hard of hearing, and recipient representation in the Cultural Competency Advisory Committee.

### **Activity 2.1:**

*Collect RBHA demographic data and analyze the US Census; analyze Statewide Needs Assessment reviewing the social indicators and resources.*

**Action Step:**

As an initial step in conducting the state needs assessment, the racial/ethnic profile of the state behavioral health recipients including all TXIX/XXI and Non-TXIX/XXI enrollees as well as those enrolled with the Tribal Regional Behavioral Health Authorities (as of December 31, 2003) was compared with the state general population using the 2000 Census and the TXIX/XXI eligible population (FY 2003). The analysis was done using both statewide and geographic service area (GSA) enrollments.

**Finding:**

The Department conducted a review of demographic data and analyzed TXIX/XXI and Non-TXIX/XXI behavioral health enrollment compared to the 2000 Census for Arizona (refer to chart #1). The findings indicate that Hispanics and Asians tend to be underrepresented as current behavioral health recipients when compared to the percentages reported in the 2000 Census. Blacks tend to be over represented and Whites and Native Americans are nearly equally represented. These patterns are generally the same throughout each GSA and indicate a need to increase outreach to those underrepresented populations.

- ♦ Whites and Native Americans appear near equal ratio distribution among comparative population groups.
- ♦ The ratio of Blacks in the behavioral health system was 2.4 times higher than in the state general population.
- ♦ The ratio of Asians was 3.0 times lower in the behavioral health system than in the state general population.
- ♦ Hispanics have lower ratios in the behavioral health system than in the state general population.

The statewide TXIX/XXI enrolled behavioral health recipients were compared to the statewide TXIX/XXI eligible population (see chart #2). The findings indicate that Whites, Blacks, and “Other” tend to be significantly over represented in the behavioral health populations when compared to those who are TXIX/XXI eligible for services. Hispanics, Asians, and Native Americans tend to be significantly under represented in the behavioral health system.

- ♦ Whites, Blacks, and ‘Other’ have 2 times higher ratio of enrollment in behavioral health than in the TXIX/XXI eligible population.
- ♦ Hispanics and Asians were nearly 2 times lower than their ratio in the TXIX/XXI eligible population.
- ♦ Native Americans were lower than their ratio in the TXIX/XXI eligible population.

Demographic data also reveals that the 2000 US Census identifies only 1.1% of the population as “Other”, however, there are a significantly higher percentage of people (8.0%) classified as “Other” in the racial/ethnic TXIX/XXI category statewide.

Behavioral health enrollment by geographic service area (GSA) was compared to GSA’s<sup>1</sup> general population and TXIX/XXI eligible population (refer to charts #3 - 8) and mirrored the statewide results with these exceptions:

- ♦ GSA 2 had nearly equal Native American representation.
- ♦ GSA 3 had nearly equal Black representation.

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<sup>1</sup> GSA 1 – Apache County, Coconino County, Mohave County, Navajo Reservation, Yavapai County (RBHA: NARBHA); GSA 2 – Yuma County and La Paz County (RBHA: EXCEL); GSA 3 – Cochise County, Graham County, Greenlee County, and Santa Cruz County (RBHA: CPSA-3); GSA 4 – Gila County and Pinal County (RBHA: PGBHA); GSA 5 – Pima County (RBHA: CPSA-5); and GSA 6 – Maricopa County (RBHA: ValueOptions).

- GSA 5 had Blacks at slightly under representation.
- GSA 6 had a sizeable lower representation of “Other”.

### **Next Steps and Lessons Learned:**

Demographic data reveals Whites, Blacks, and “Other” tends to be significantly over represented when compared to those behavioral health recipients eligible for services. Hispanics, Asians, and Native Americans tend to be significantly under represented. This pattern is generally the same throughout each GSA and indicates that the Regional Behavioral Health Authorities (RBHAs) need to engage those under represented populations. This data was shared with each RBHA for planning purposes.

### **Activity 2.2:**

*Compare culturally competent initiatives in other states and managed care settings.*

### **Action Step:**

ADHS conducted a review of policies and initiatives on cultural competency undertaken in other states. Analysis included plans for information dissemination, technical assistance on best practices in culturally competent mental health services, and ongoing research, education, training, and staff recruitment. To carry out this task, ADHS reviewed the profile of each state as reported by the National Association of State Mental Health Program Directors’ Research Institute (NRI) and other available state information.

### **Finding:**

The review of initiatives indicates that there are a wide variety of efforts regarding the delivery of culturally competent services across the country. California was found to have more structure than other states reviewed. The California Department of Mental Health provides oversight of statewide initiatives to improve cultural competency and has a Cultural Competence Advisory Committee, comprised of experts on cultural competence throughout California. Each county develops a cultural competency plan as part of their mental health managed care plans, collects data on performance indicators related to service utilization and outcome, and analyzes these data by race/ethnicity.

### **Next Steps and Lessons Learned:**

The Department will continue to explore best practices and initiatives embarked in other states and managed care settings. ADHS has initialed a process that parallels the California model. In addition, the Department has requested technical assistance from the Center for Substance Abuse Treatment (CSAT) to develop training on how to provide cultural competent services through clinical practice and developing a culturally competent organization.

### **Activity 2.3:**

*Collect provider language capability information and disability-related services through the network inventories.*

### **Action Step:**

In accordance with ADHS Policy CO 1.2 Cultural Competency, each RBHA and subcontracted provider periodically evaluates the cultural and linguistic needs of the population served to check service capacity to meet those needs. The Department collected language capability and disability related service information from each of the RBHAs. The following grid provides the statewide

total of direct clinical staff available to provide language and disability related services to consumers requesting assistance.

**CPSA-3**

<b>Language</b>	<b>Staff Number</b>
<b>ASL</b>	<b>1 FT, 1 PT</b>
<b>Spanish</b>	<b>29 FT, 10 PT</b>
<b>Native American Languages</b>	<b>1 FT, 1 PT</b>
<b>Other</b>	<b>1 FT</b>

**CPSA-5**

<b>Language</b>	<b>Staff Number</b>
<b>ASL</b>	<b>2 FT, 1 PT</b>
<b>Spanish</b>	<b>61 FT, 11PT</b>
<b>Native American Languages</b>	<b>2 FT</b>
<b>Other</b>	<b>1 FT, 7 PT</b>

**EXCEL**

<b>Language</b>	<b>Staff Number</b>
<b>ASL</b>	<b>2</b>
<b>Spanish</b>	<b>119</b>

**NARBHA**

<b>Language</b>	<b>Staff Number</b>
<b>ASL</b>	<b>3 FT</b>
<b>Spanish</b>	<b>45 (15 of whom volunteer to interpret)</b>
<b>Native American Languages</b>	
<b>Hopi</b>	<b>2</b>
<b>Apache</b>	<b>2</b>
<b>Navajo</b>	<b>19 (12 of whom volunteer to interpret)</b>
<b>Other</b>	<b>12 (7 of whom volunteer to interpret)</b>

**PGBHA**

<b>Language</b>	<b>Staff Number</b>
<b>ASL</b>	<b>2 FT, 1 PT</b>
<b>Spanish</b>	<b>96 FT, 18 PT</b>
<b>Native American Languages</b>	<b>FT</b>
<b>Papago</b>	<b>2 FT</b>
<b>Navajo</b>	<b>1 FT</b>
<b>Chemoyan</b>	<b>1 FT</b>
<b>Chamorro (Mariana Island chain)</b>	<b>1 FT</b>
<b>Other Languages</b>	<b>4 FT</b>

**ValueOptions**

<b>Language</b>	<b>Staff Number</b>
<b>ASL</b>	<b>27</b>
<b>Spanish</b>	<b>67</b>
<b>Native American Languages</b>	
<b>Hopi</b>	<b>4</b>
<b>Navajo</b>	<b>12</b>
<b>Sioux</b>	<b>1</b>
<b>Arabic</b>	<b>6</b>
<b>Armenian</b>	<b>1</b>
<b>Cantonese</b>	<b>1</b>
<b>Croatian</b>	<b>3</b>
<b>French</b>	<b>25</b>
<b>German</b>	<b>14</b>
<b>Greek</b>	<b>5</b>
<b>Hebrew</b>	<b>4</b>
<b>Hindu</b>	<b>5</b>
<b>Hungarian</b>	<b>1</b>
<b>Indian Continent</b>	<b>3</b>
<b>Italian</b>	<b>4</b>
<b>Japanese</b>	<b>3</b>
<b>Korean</b>	<b>2</b>
<b>Other</b>	<b>22</b>
<b>Filipino</b>	<b>3</b>

<b>Polish</b>	<b>1</b>
<b>Portuguese</b>	<b>9</b>
<b>Russian</b>	<b>5</b>
<b>Samoan</b>	<b>2</b>
<b>Swahili</b>	<b>5</b>
<b>Tongan</b>	<b>1</b>
<b>Vietnamese</b>	<b>7</b>
<b>Yiddish</b>	<b>2</b>

**Finding:**

The survey of the information received by the Department indicates that there are a wide variety of data elements that are collected by each of the RBHAs to identify language capacity within their own workforce or in their provider network. Data plays a critical part in assessing the progress of the plan and there appears to be a need to establish greater consistency in this area in particular, identifying what specific elements will be used to measure progress across all RBHAs.

**Next Steps and Lessons Learned:**

The Department will concentrate on developing consistency in network data collection across all RBHAs to develop a process for joint review by RBHA and Cultural Competency Committee that will assist in assessing and measuring progress across all RBHAs.

**Activity 3.1:**

*Monitor performance improvement through the ICR*

**Action Step:**

As a commitment to providing high-quality services for the TXIX/XXI populations, Health Services Advisory Group, Inc (HSAG) conducted an Independent Case Review (ICR) for the Arizona Department of Health.

**Finding:**

The ICR focuses on a clinical record review designed to measure adherence to established guidelines and standards. Refer to attachment #3 for ICR findings.

**Next Steps and Lessons Learned:**

Results from the attached ADHS 2002 ICR have resulted in ADHS' employing two cultural competency co-chairs to guide and facilitate future statewide cultural competency implementation initiatives. Performance improvement findings were discussed with RBHA management and continue to be monitored through the ICR by the Department. The Department has determined that the Cultural Competency Advisory Committee could play an important role by jointly reviewing and discussing the results of the ICR to assist the RBHAs success in delivering cultural competent services.

**Activity 3.2:**

*Monitor member information materials, translation of vital materials, and notices of consumer rights through the Network Development Teams and the Independent Case File Review.*



**Action Steps:**

Assessment and Consent documents were translated into Spanish and placed on the web on 4/1/04. Written summary of findings were provided to the Cultural Competency Advisory Committee on 4/16/04. The Translation/Interpretation Sub-committee has focused on ensuring that the AHCCCS requirements for the translation of vital materials are being met. The ADHS/AHCCCS Contract (CYE 2004) states, "All vital materials shall be translated when ADHS is aware that a language is spoken by 1,000 or five percent (5%) (whichever is less) of members in a geographic area who also have LEP. Vital materials must include, at a minimum, notices of denials, reductions, suspensions or terminations of services, consent forms, communications requiring a response from the member, informed consent and all grievance, appeal and request for state fair hearing information included in the *Grievance System Standards and Policy* as described in (1) Enrollee Grievance System.

The Translation/Interpretation Sub-committee reviewed ADHS, RBHA, and provider translated documents in order to determine what kinds of vital materials are currently being translated. In compliance with the AHCCCS requirements for translation of vital materials, ADHS provides several documents in English and Spanish that RBHAs are required to use. These documents are available to the RBHAs in both English and Spanish via the ADHS website (<http://www.hs.state.az.us/bhs/provider/sec13.htm>).

The following information describes the AHCCCS required vital materials and the Department's documents that complies with each of the requirements:

- Notice for Denials can be found in ADHS Provider Manual Form 5/1/1., Notice of Our Intended Action Regarding Title XIX/XXI Covered Services
- Reductions, suspensions or terminations of services is located in ADHS's Provider Notice of Our Intended Action Regarding Title XIX/XXI Covered Services
- Consent forms are located in ADHS's Provider Manual Form 3.9.1, Assessment Tool (for general consent to treatment) and Provider Manual Form 3.15.1, Informed Consent for Psychotropic Meds.
- Communications requiring a response from the member is located in the Provider Manual Form AE-08, Decline to Participate in the Screening and/or Referral Process for AHCCCS (Title XIX/XXI) Health Insurance
- Informed consent form is located in the Provider Manual, Form 3.15.1, Informed Consent for Psychotropic Meds
- All grievance, appeal and request for state fair hearing information can be found in the following areas: Provider Manual Form MH-211, Notice of Legal Rights for Persons with SMI, Provider Manual Form 5.1.1, Notice of Our Intended Action Regarding Title XIX/XXI Covered Services, Provider Manual Form 5.1.2, Notice of Decision and Right to Appeal (For Individuals with SMI, Provider Manual Form 5.1.3, ADHS Notice of SMI Grievance and Appeal Procedure, Provider Manual Forms 5.2.1 & 5.3.1, ADHS Appeal or SMI Grievance Form, Provider Manual Form 5.4.1, Request for Special Assistance.
- Assessment/Service Plan

In addition to the vital materials that ADHS translates into Spanish for the RBHAs, the Translation/Interpretation Sub-committee sought to identify forms that have been developed by the RBHAs that comply with the translation of vital materials required by the AHCCCS and ADHS/RBHA contracts. Sub-committee members representing a provider or RBHA submitted following documents to ADHS:

- Consent to Treatment – Southeastern Arizona Behavioral Health Services (SEABHS)

- Authorization for the Release of Information – SEABHS; Community Partnership of Southern Arizona (CPSA)
- Notice of Privacy Practices – SEABHS

Several translated documents that comply with the vital materials requirements were located on ValueOptions' website as well. These included:

- Waiver of 7-Day SMI Eligibility Determination
- Informed Consent for Electroconvulsive Therapy (ECT)
- Consent to Treatment
- Authorization for the Release of Information

#### Other Translated Materials:

AHCCCS requires that all materials be translated “when ADHS is aware that a language is spoken by 3,000 individuals or ten percent (10%) (whichever is less) of members in a geographic area who also have Limited English Proficiency (LEP).” In compliance with this requirement, ADHS translates the Member Handbook template into Spanish. RBHAs are required to enter additional information to the Member Handbook template regarding their specific services, contact information, etc. The ADHS Member Handbook templates and the RBHA versions of the Member Handbook are available on the ADHS website ([http://www.hs.state.az.us/bhs/member\\_main.htm](http://www.hs.state.az.us/bhs/member_main.htm)).

#### **Next Steps and Lessons Learned:**

ADHS has been developing a directory of web sites of where people can obtain information. Materials will be posted on the web with management's approval. The Department will focus on providing further support through the Cultural Competency Advisory Committee to RBHAs to increase cultural and linguistic appropriate services.

#### **Activity 4.1:**

*Integrate cultural competency into the statewide assessment training.*

#### **Action Steps:**

ADHS staff and T/RBHA personnel conducted statewide training and technical assistance on the use of the newly developed ADHS Assessment Tool, September 1– January 1, 2004. Training elements presented throughout the training included guidance in offering culturally competency services throughout the behavioral health system.

#### **Finding:**

It was determined that even though the training sessions were very helpful to the Department, T/RBHAs, and providers, further training and broader strategies would need to be used to support the overall competency of the Department and T/RBHAs.

#### **Next Steps and Lessons Learned:**

It was determined that there is a need to concentrate on the identification of training curriculum for the RBHAs that will focus on organizational cultural competency, as well as, cultural competency in clinical practice and direct service provision.

#### **Activity 5.1:**

*Plan Cultural Competency sessions for The 5<sup>th</sup> Annual Summer Institute*

**Action Steps:**

This activity of the plan was focused on obtaining cultural competency presentations for the Summer Institute and exploring the speaker funding through CSAT. CSAT sponsored the trip for Dr. Jose Szapocznik. The Summer Institute held their fifth annual behavioral health conference in Sedona, Arizona, July 21 – 23, 2004. Several speakers were chosen with Cultural Competency as their format. Continuing Education Credits were provided through the Applied Behavioral Health Policy Unit at the University of Arizona. The topics and guest speakers were as follows:

- Family Treatment of Hispanic Drug Abusing Adolescents –Jose Szapocnik, Ph.D.
- Moving Towards Cultural Competency in Maricopa County –Gustavo E. McGrew and Kim Villarreal
- Working with Hispanic Families with the Child and Family Team Process- Victor Flores, Deborah Garcia and Oscar Magallanes
- Motivational Interviewing and Intensive Case Management for Homeless Women with Addiction and Psychiatric Disorders: Findings from the Arizona Site of the Homeless Families Initiative – Mr. Brian Arthur and Margaret Russell
- Alcohol and Substance Abuse in the Deaf and hard of Hearing Communities –Nancy Eldredge Ph.D.

**Finding:**

Workshops offering training and suggestions of the importance of cultural considerations in treatment planning and services were well attended. Overall, agencies are interested in obtaining applicable information to assist them in the delivery of culturally competent services.

**Next Steps and Lessons Learned:**

The Cultural Competency Training Subcommittee meets monthly to discuss future training initiatives. The subcommittee is comprised of T/RBHA and ADHS staff, which is currently reviewing existing cultural competency training curricula utilized throughout the T/RBHA system. Future steps include the Department working with CSAT to identify and provide training to ADHS and T/RBHAs on how to develop a culturally competent organization and to integrate cultural competent services into daily clinical practice.

**Activity 6.1:**

*Update ADHS Policy to reflect AHCCCS requirements*

**Action Steps:**

ADHS Policy and Procedure CO 1.2 Cultural Competency, was revised to include AHCCCS requirements and was finalized on 2/1/04 (see attachment #2). To assist T/ RBHAs and providers, in easily accessing the ADHS the Department placed the document on the ADHS website (<http://www.hs.state.az.us/bhs/policies/co1-2.pdf>) on 2/1/04.

**Finding:**

Based on research the development of the Cultural Competency Policy and Procedure CO 1.2, is an important element to a cultural competent organization.

**Next Steps and Lesson Learned:**

AHCCCS recommendations to include additional population groups defined by differing customs, values, beliefs, religions, lifestyles and ages in the ADHS Cultural Competency Policy were followed. It improved the awareness of the importance of cultural considerations in the treatment planning and service process.

**Activity 6.2:**

*Review Cultural Competency standards used in other states.*

**Action:**

The ADHS Policy Office reviewed cultural competency standards used in other states and reported findings to the Cultural Competency Advisory Committee meeting on 4/16/04.

**Finding:**

The information collected by the ADHS Policy Office suggested that most states that had cultural competency standards had adopted the Culturally and Linguistically Appropriate Services (CLAS) standards. The Division is considering adopting the CLAS standards over the next year and is also exploring the most appropriate place to incorporate the standards, (e.g. policy, clinical guidance documents, contracts etc.).

**Next Steps and Lessons Learned:**

The Policy Office has developed draft Cultural Competency standards and is considering adopting the CLAS standards over the next year. A draft of the standards was developed and it was determined that further time and exploration is necessary to determine how the standards can be integrated into current documents and to identify which documents would be changed. Additional time is necessary to work on this task and will be on next year's plan for implementation.

**Activity 6.4:**

*Identify existing reports where culturally competency standards can be embedded and monitored.*

**Action Steps:**

ADHS conducted a review to identify existing reports where culturally competency standards can be embedded and monitored.

**Finding:**

The following reports were identified as containing cultural competency standards: The Independent Case File review (ICR), Consumer Satisfaction Survey, Administrative Review, Assessment Process, ADHS Policies and Procedures. Please refer to attachment #3, which specifically indicates how cultural competency is currently being measured/monitored.

**Next Steps and Lessons Learned:**

In addition to continuing to monitor/provide guidance to RBHAs on cultural competency within these reports and documents, ADHS will develop standards based on Culturally and Linguistically Appropriate Services (CLAS) standards and explore where and how to integrate into current documents.

**Activity 8.2:**

*Conduct a Division wide cultural competency assessment.*

**Action Steps:**

A division wide assessment was conducted using the National Association of State Mental Health Program Directors. The tool is intended to assess the state mental health agency's structure, resources, and infrastructure profile in promoting a cultural competent organization (see attachment #4). The tool can be administered bi-annually to determine in the areas movement has occurred

within the organization. ADHS disseminated the Mental Health Agency Cultural Competence Activities Assessment tool to Behavioral Health Services' managers for completion on 6/28/04. Results will be discussed during the Cultural Competency Steering Committee Meeting on August 18, 2004.

**Finding:**

The ADHS conducted a self-assessment of cultural competency activities in the division. The results indicate the need for further work in the following areas:

**Organizational Commitment & Personal Leadership**

- You as a manager have assigned staff and resources for promoting cultural competence
- The person responsible for CC plan has responsibility for review of major policies and agency products to ensure that cultural competence is included and/or addressed.

**RBHA Organizational Self-Assessment & Data**

- The organizational self-assessment includes an analysis of state population and demographics, including poverty level
- The self-assessment includes a workforce analysis of the
  - a. Race/ethnicity/gender of direct and contracted providers, and
  - b. Their languages capacities

**Standards, Contractual Requirements & Resources**

- Standards of care exist that specifically address cultural competence (e.g. CLAS standards).

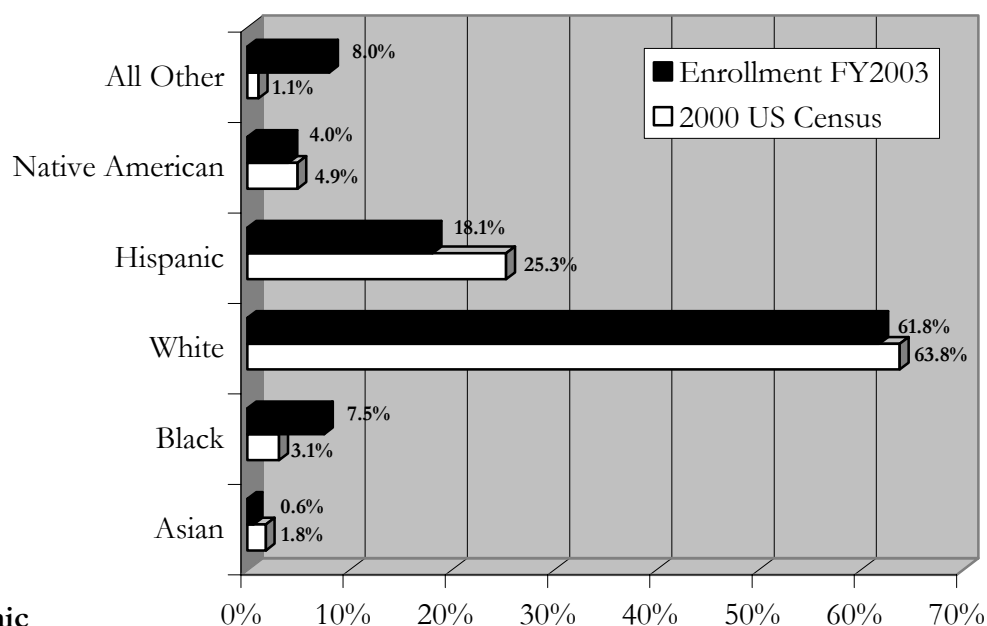
**Next Steps and Lessons Learned:**

Information gathered from this tool was used to further improve the cultural competency planning process and as a guidance for next steps. ADHS will also focus on identifying a self-assessment tool for RBHAs to use in assessing their cultural competence in organizational structure and in the area of service delivery and developing a plan that will be jointly reviewed by RBHAs and ADHS through the Cultural Competency Advisory Committee.

# Chart 1

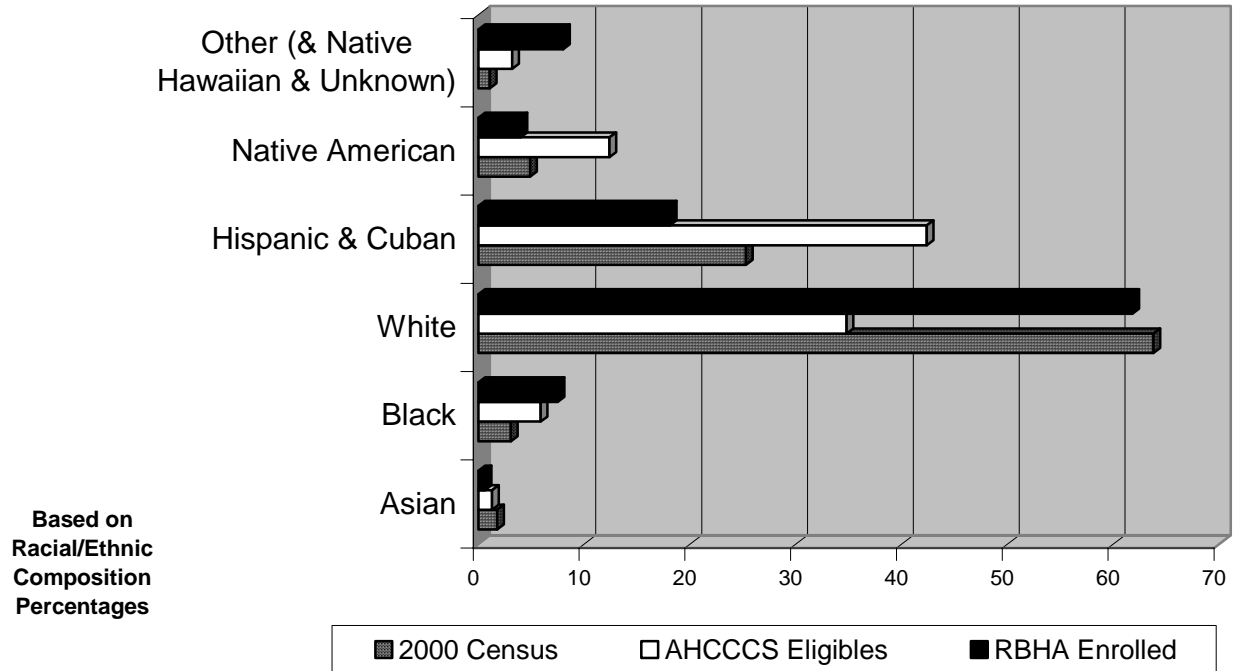
**Arizona Title XIX/XXI & Non-Title XIX/XXI  
Behavioral Health Enrollment for FY2003  
Compared to 2000 US Census by Race/Ethnicity**

**Based on  
Racial/Ethnic  
Composition  
Percentages**

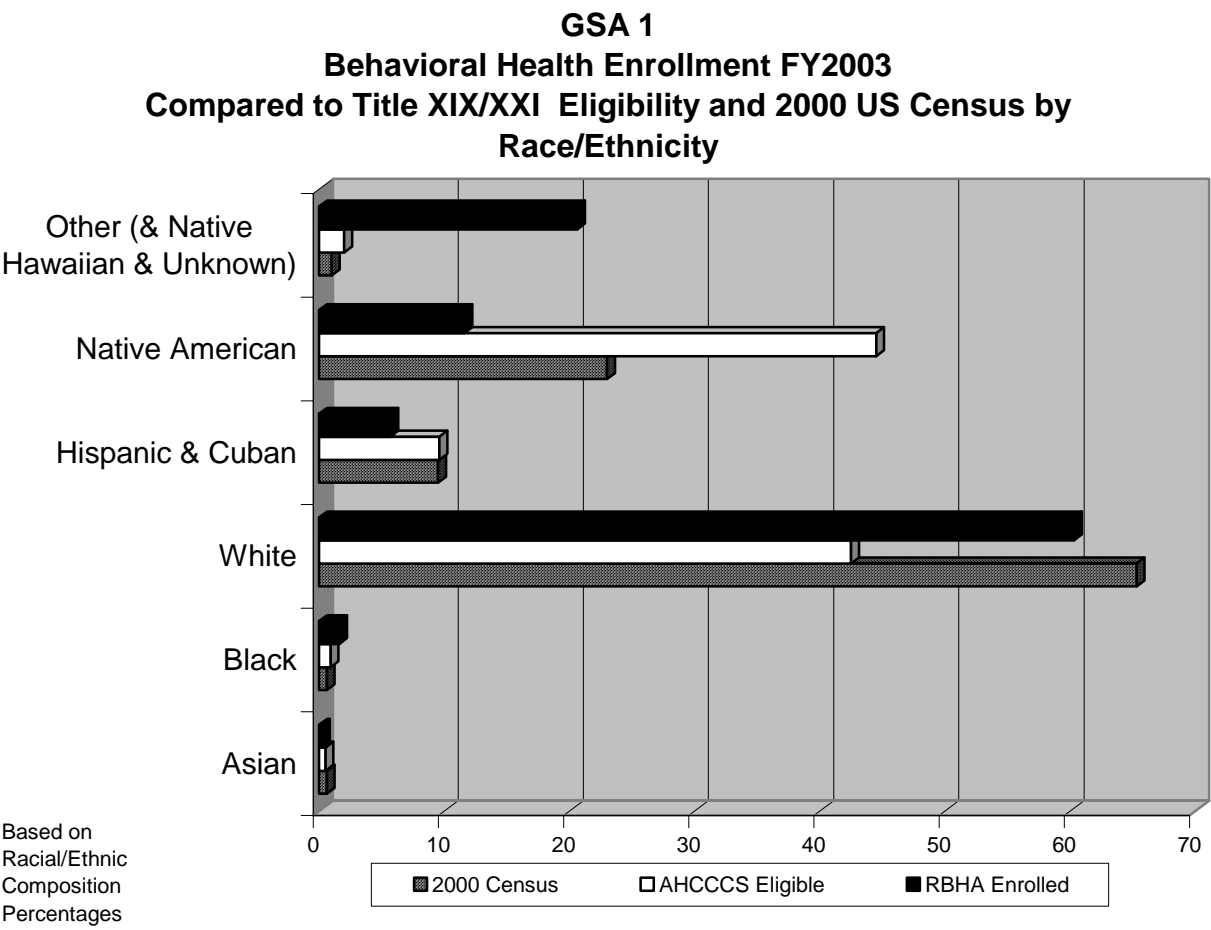


## Chart 2

**Arizona Behavioral Health Enrollment FY2003  
Compared to Title XIX/XXI Eligibility and 2000 US Census  
by Race/Ethnicity**



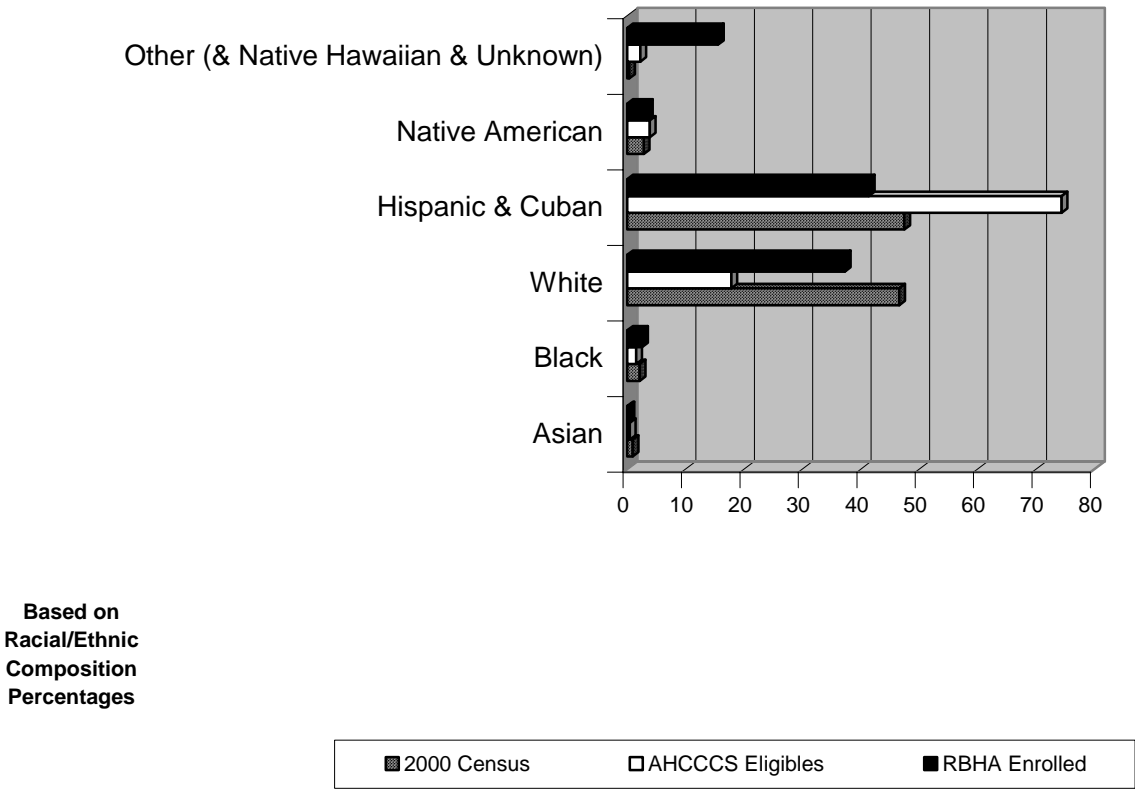
# Chart 3





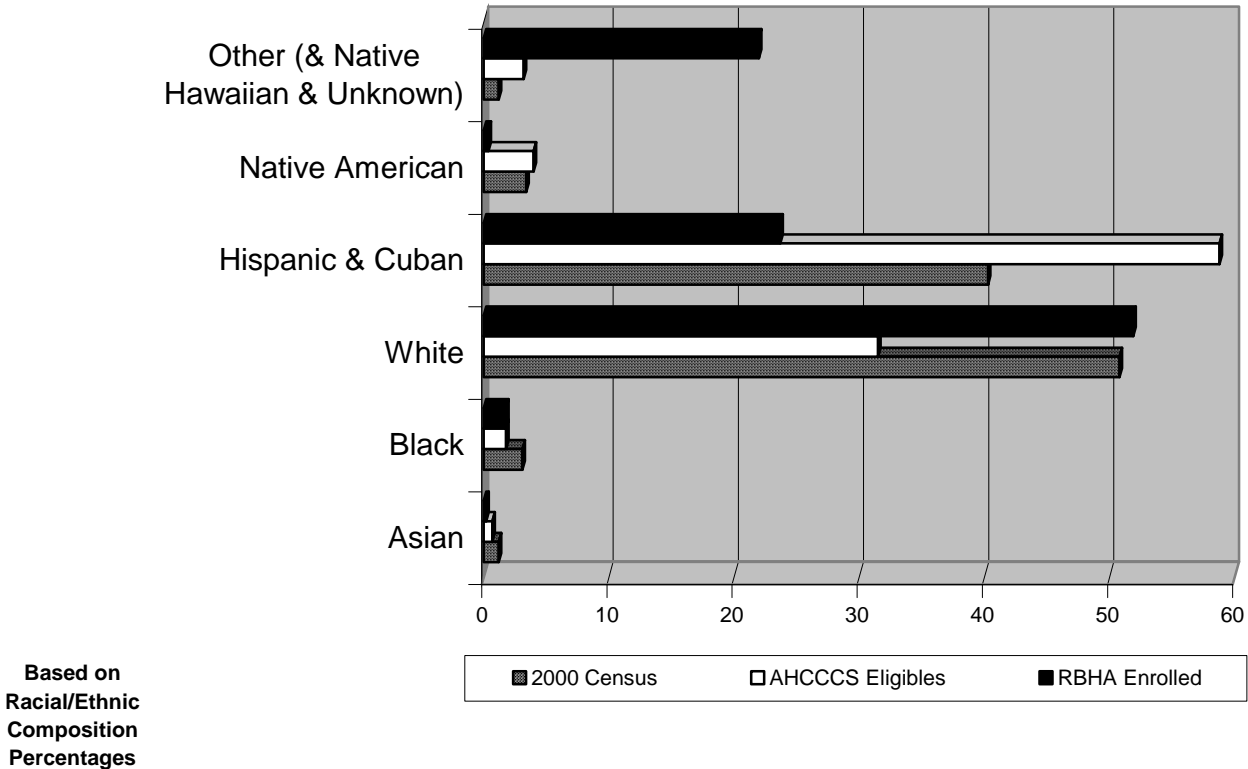
# Chart 4

**GSA 2**  
**Behavioral Health Enrollment FY2003**  
**Compared to Title XIX/XXI Eligibility and 2000 US Census**  
**by Race/Ethnicity**



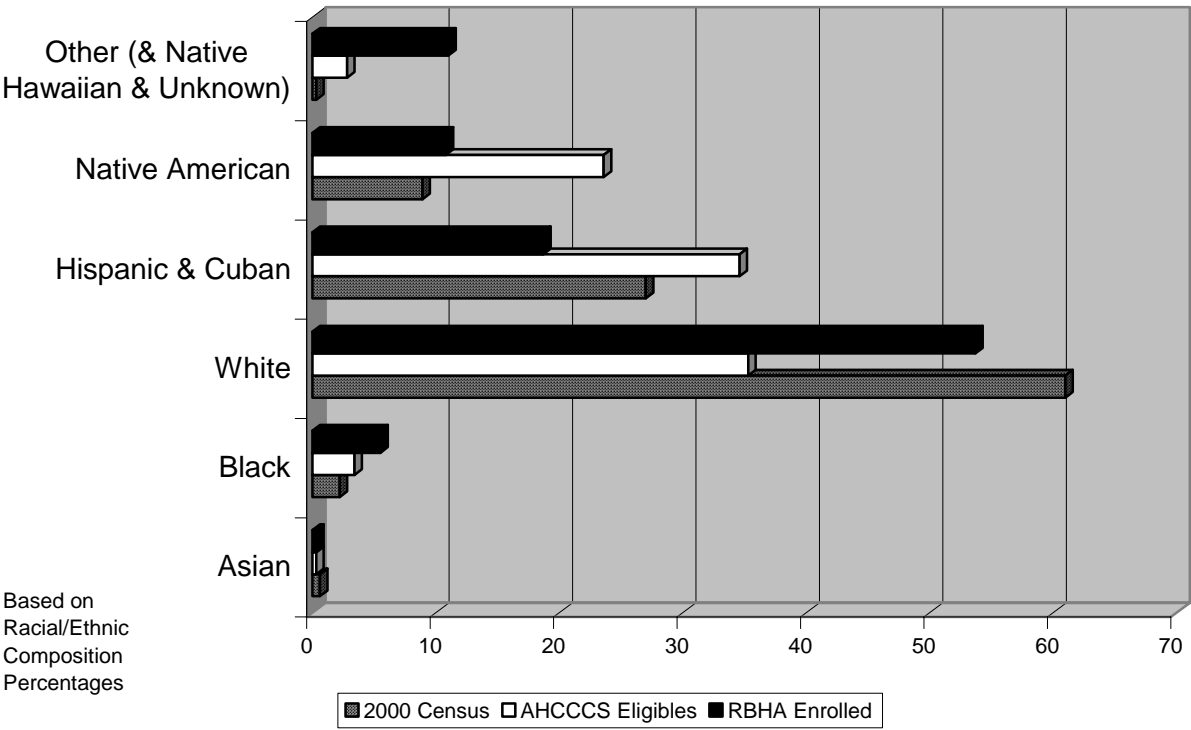
# Chart 5

**GSA 3**  
**Behavioral Health Enrollment FY2003**  
**Compared to Title XIX/XXI Eligibility and 2000 US Census**  
**by Race/Ethnicity**



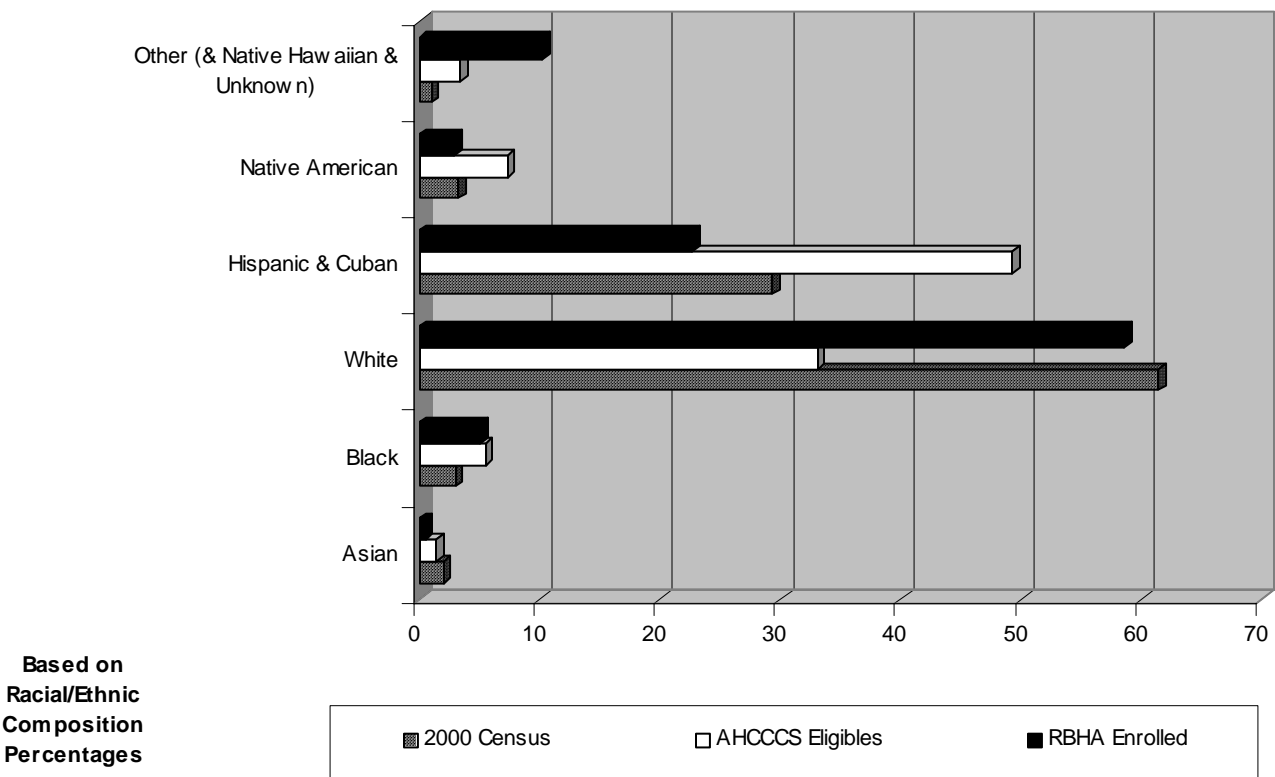
# Chart 6

**GSA 4**  
**Behavioral Health Enrollment FY2003**  
**Compared to Title XIX/XXI Eligibility and 2000 US Census**  
**by Race/Ethnicity**



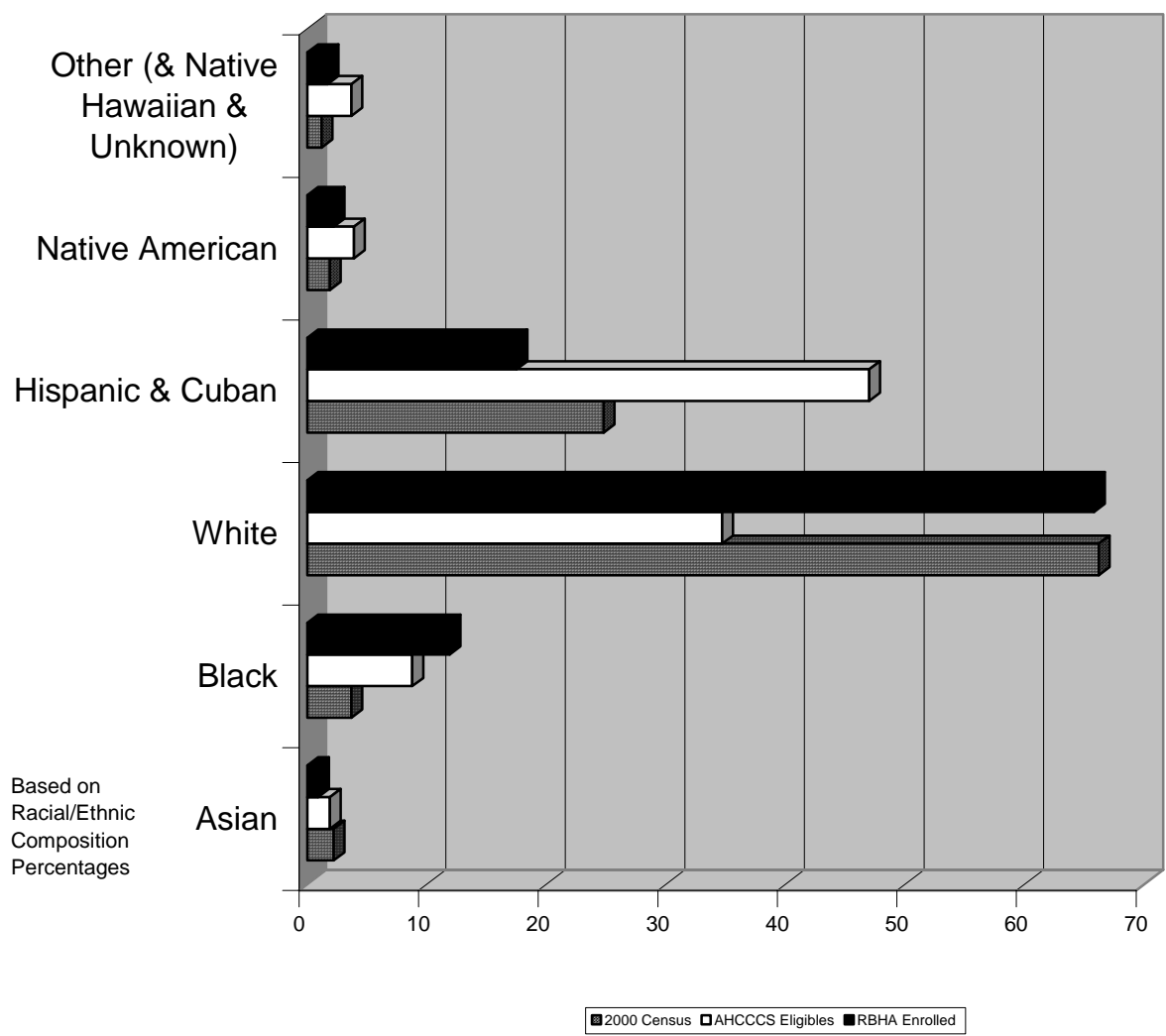
# Chart 7

**GSA 5**  
**Behavioral Health Enrollment FY2003**  
**Compared to Title XIX/XXI Eligibility and 2000 US Census**  
**by Race/Ethnicity**



# Chart 8

**GSA 6**  
**Behavioral Health Enrollment FY2003**  
**Compared to Title XIX/XXI Eligibility and 2000 US Census**  
**by Race/Ethnicity**



## **Cultural Competency Plan**

**GOAL: To create a culturally competent behavioral health system of care that embraces and supports individual differences to achieve the best possible outcomes for individuals receiving services.**

**Objective 1: DHS/DBHS will expand its cultural competency knowledge base and readiness for change**

**Objective 2: Support RBHAs in increasing their capacity to provide cultural competent services**

**Objective 3: Increase linguistic and translation capacity and competence in providing behavioral health services**

**Objective 4: Increase use of data to improve measurement and analysis of cultural competency**

## Cultural Competency Plan

### Objective 1: ADHS will expand its cultural competency knowledge base and readiness for organizational change

Steps	Completion Date and Product Measure	Assigned Parties	Status/Progress Update
<b>Organizational Commitment</b>			
Cultural Competency representative to have access and participation in reviewing all DBHS policies	Date: 9/30/04  Cultural Competency Committee representative will be a member of the Policy Committee	Norma Garcia-Torres	
Enhance the membership of the Cultural Competency Committee membership	Date: 10/ 30/04  Membership list to include: deaf or hard of hearing person, family member, consumer, RBHA and providers and DBHS representation	Norma Garcia-Torres, Cora Bagley	
Continue Cultural Competency Advisory Committee monthly meetings and develop process for reporting and submitting recommendations to management team	Date: 12/ 30/04  Written process submitted to management	Norma Garcia-Torres, Cora Bagley	
<b>Training</b>			
Identify (with technical assistance from CSAT) training on how to develop a culturally competent organization	Date: 4/ 30/05  Training and or curriculum identified	Norma Garcia-Torres, Cora Bagley	
Complete cultural competency training for ADHS	Date: 12/30/06  Sign in registration of those that attended presented training	Heather Koch, Norma Garcia-Torres, Cora Bagley	

## Cultural Competency Plan

### Objective 2: Support RBHAs in increasing their capacity to provide cultural competent services

Steps	Completion Date and Product Measure	Assigned Parties	Status/Progress Update
<b>Self Assessment</b>			
Identify appropriate assessment tool for that includes both organizational and practice components for T/RBHAs and their providers	Date: 6/30/05 Identified cultural competency assessment tool distributed to RBHAs	Norma Garcia-Torres, Cora Bagley and RBHA representatives	
RBHA/providers will initiate a self assessment at multiple levels	Date: 2/28/06 Self assessment distributed to Statewide Cultural Competency Committee	Norma Garcia-Torres, Cora Bagley and RBHA representatives	
RBHAs will complete cultural competency assessment and incorporate findings/recommendations into annual plan	Date: 9/30/06 Written plans presented to Statewide Cultural Competency Committee	Norma Garcia-Torres, Cora Bagley and RBHA representatives	
RBHAs and Cultural Competency Advisory Committee jointly review the RBHA plans	Date: 12/30/06 All completed plans and summary of reviews distributed to management	Norma Garcia-Torres, Cora Bagley and RBHA representatives	
<b>Training</b>			
Identify (with technical assistance from CSAT) training on how to develop a culturally competent organization	Date: 4/30/05 Training and or curriculum identified	Heather Koch, Norma Garcia-Torres, Cora Bagley	
Identify (with technical assistance from CSAT) training on cultural competent clinical practice	Date: 6/30/05 Training and or curriculum identified	Heather Koch, Norma Garcia-Torres, Cora Bagley	
Complete cultural competency training	Date: 12/30/06 Sign in registration of those that attended presented training	Heather Koch, Norma Garcia-Torres, Cora Bagley	



## Cultural Competency Plan

### Objective 3: Increase linguistic and translation capacity and competence in providing behavioral health services

Steps	Completion Date and Product Measure	Assigned Parties	Status/Progress Update
<b>Linguistic</b>			
Identify and provide to the RBHAs key administrative and procedural documents and translation materials	Date: 1/30/05  Key procedural and administrative documents identified and distributed to RBHAs	Johnna Malici, Norma Garcia-Torres and Cora Bagley	
Review the quality of key behavioral health recipient materials and forms	Date: 6/30/05  Written summary submitted to management	Johnna Malici, Norma Garcia-Torres and Cora Bagley	
Explore translation credentialing or similar process to determine quality translation and make recommendations to management	Date: 4/30/06  Written summary of the analysis of interpreter credentialing or similar process with recommendations submitted to management	Johnna Malici, Norma Garcia-Torres and Cora Bagley	
<b>Interpreter</b>			
Explore interpreter credentialing or similar process to determine quality interpretations and translation and make recommendations to management	Date: 4/30/06  Written summary of the analysis of interpreter credentialing or similar process with recommendations submitted to management	Johnna Malici, Norma Garcia-Torres and Cora Bagley	
<b>Standards</b>			
Develop standards based on CLAS standards and explore where and how to integrate into current documents	Date: 5/30/ 05  Standards developed and distributed	Johnna Malici, Norma Garcia-Torres and Cora Bagley	
Develop process for the implementation of the standards and submit to management	Date: 5/30/06  Written process to implement standards submitted to management	Johnna Malici, Norma Garcia-Torres and Cora Bagley	

## Cultural Competency Plan

### Objective 4: Increase use of data to improve measurement and analysis of cultural competency

Steps	Completion Date and Product Measure	Assigned Parties	Status/Progress Update
<b>Analysis</b>			
Initiate the joint review (by RBHA and Cultural Competency Committee) of progress related to cultural competency in existing reports	Date: 1/30/05  Joint review of existing reports that include; ICR, Admin Rev, Consumer Survey and summary submitted to management	Norma Garcia-Torres, Cora Bagley, Stuart Thomas	
Complete the joint review of the existing reports and submit summary and recommendations to management	Date: 3/30/05  Review completed and summary with recommendations submitted to management	Norma Garcia-Torres, Cora Bagley, Stuart Thomas	
<b>Language capacity</b>			
Identify core data elements collected by RBHAs used to measure language capacity	Date: 12/30/04  Identified core data elements are distributed to RBHAs	Norma Garcia-Torres, Cora Bagley, Stuart Thomas	
RBHAs identify key recipient languages and trends within their region	Date: 4/30/05  Written summary of the identified languages and distribution by RBHA are distributed	Norma Garcia-Torres, Cora Bagley, Stuart Thomas	
Cultural Competency Advisory Committee jointly review of core data elements and recipient preferred language	Date: 6/30/05  Written protocol distributed to RBHAs	Norma Garcia-Torres, Cora Bagley, Stuart Thomas	